TAMANG SAGOT
PhilHealth Circular 23, s.2015

Subject: Policy Statements on the Diagnosis, Empiric Management, and Prevention of Community-Acquired Pneumonia (CAP) in Immunocompetent Adults as Reference by the Corporation in Ensuring Quality of Care (PC 023-2015)

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1. What is PhilHealth Circular No. 023-2015?

It is an enumeration of policy statements on the management of Community-Acquired Pneumonia (CAP) in Immunocompetent Adults (i.e., patients not taking steroids and other immunosuppresants such as chemotherapy drugs) based on best evidences from available clinical practice guidelines.

2. What are policy statements?

It is a CPG-based protocol and shall be used primarily to provide guidance to doctors, hospitals and patients as to what tests, medicines, and procedures are strongly recommended if benefits clearly outweigh the harms.

It shall be used by the Corporation as one of its references in assessing the quality of care rendered by PhilHealth-accredited health care providers to members through performance monitoring and other activities when necessary.

3. What is Community-Acquired Pneumonia or CAP?

It is an infection of the lungs with symptoms of acute illness and abnormal findings on physical exam of the chest. This does not include patients who acquired the infection from the hospital or long-term facilities (e.g. nursing homes).

4. How is a person diagnosed with CAP?

CAP is diagnosed based on signs and symptoms of the patient. For the immunocompetent adult, the usual presentation of CAP are the following:

- Cough within the past 24 hours or less than 2 weeks;
- Increased respiratory rate (tachypnea) > 20 breaths per minute, increased heart rate (tachycardia) > 100 beats per minute, and fever (temperature > 37.8°C); and
- Abnormal chest finding of diminished breath sounds, or presence of rhonchi, crackles, or wheezes

5. What is/are the initial lab tests to diagnose CAP?

For all patients suspected of CAP, a chest x-ray (with standing posteroanterior and lateral views) should be done. A chest CT scan is not routinely performed.

6. When should a patient be admitted in a hospital for CAP?

Only those with moderate-risk and high-risk CAP should be admitted. Please see Annex A of PC 023-2015 for the clinical features of the risk classification.

7. What are the diagnostic tests that should be done during hospital admission?

For moderate-risk and high-risk CAP, the following should be done before starting any antibiotic treatment:

- Blood culture; **AND**
- Respiratory specimen Gram stain and culture with antibiotic sensitivity testing

A chest x-ray may be repeated for hospitalized patients with an initial "normal" chest radiographic findings.

8. What is the treatment for moderate-risk and high-risk CAP?

Antibiotic therapy based on the initial risk stratification is recommended. For a detailed list of the antibiotics, please see Annex B of PC 023-2015.

Patients started on intravenous administration of antibiotics can be switched to oral therapy once clinically improving, has stable vital signs, and has a functioning gastrointestinal tract. For a detailed list of the oral antibiotics/switch therapy, please see Annex C of PC 023-2015.

Routine use of mucolytics is NOT recommended.

9. How is the response to initial therapy monitored?

Hospitalized patients with CAP should be monitored after 72 hours of initial therapy by looking at the temperature, respiratory rate, blood pressure, sensorium, oxygen saturation, and inspired oxygen concentration.

If there is no improvement based on the abovementioned parameters, the patient should be reassessed for possible resistance to the antibiotics or presence of other pathogens. A follow-up chest x-ray may also be performed.

Oxygen in the arteries using pulse oximetry may also be used to monitor response to therapy. However, this should only be supplementary to the abovementioned clinical parameters.

There is no need to do follow-up culture studies of blood and sputum for patients who are responding to treatment.

10. How long should a patient be admitted for CAP?

Patients with moderate-risk and high-risk CAP should be admitted for at least 4 days to provide sufficient time to evaluate response to therapy. Intravenous antibiotics should be administered for at least 3 days.

Patients with high-risk CAP may have extended hospital stay if clinically unstable.

11. When can a patient be discharged from hospital admission?

A patient diagnosed with moderate-risk or high-risk CAP may be discharged based on the following:

- Absence of an unstable co-existing illness or other life-threatening complications;
- Stable vital signs; and
- Ability to maintain oral intake